In re application of: Robert Keane, et. al Title: MANAGING PRINT JOBS Contact: Robert Dulaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 1 of 33

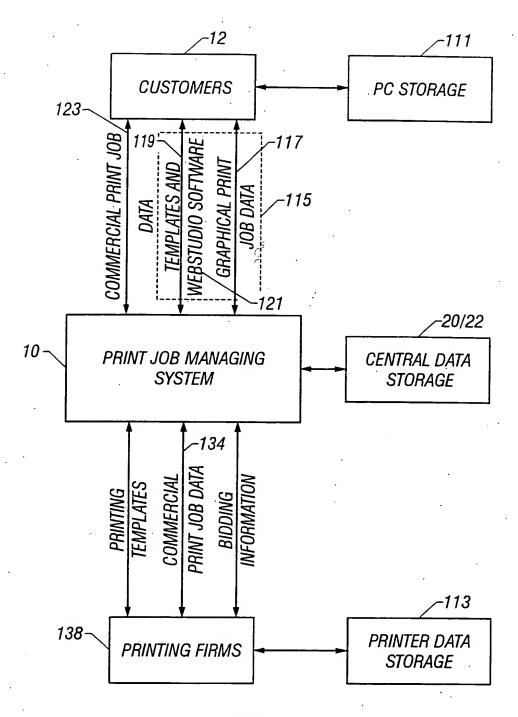


FIG. 1

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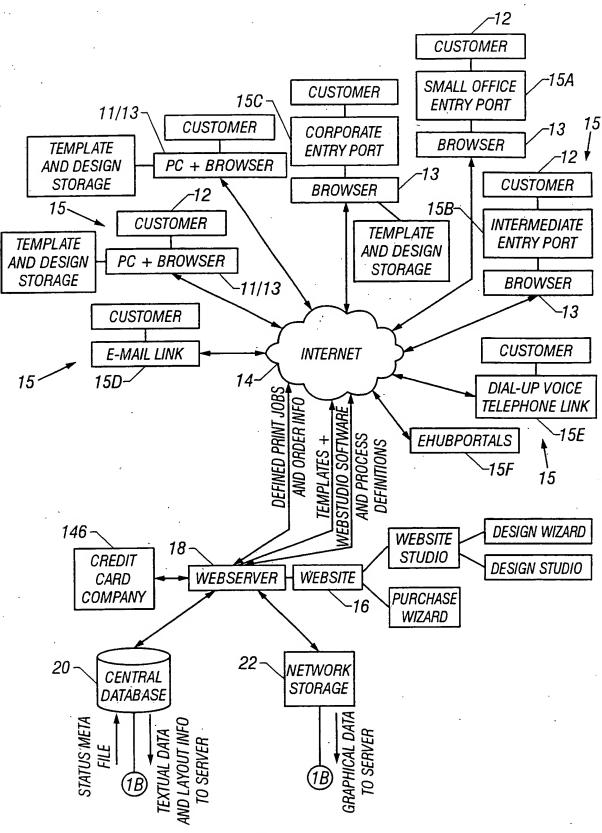


FIG. 1A

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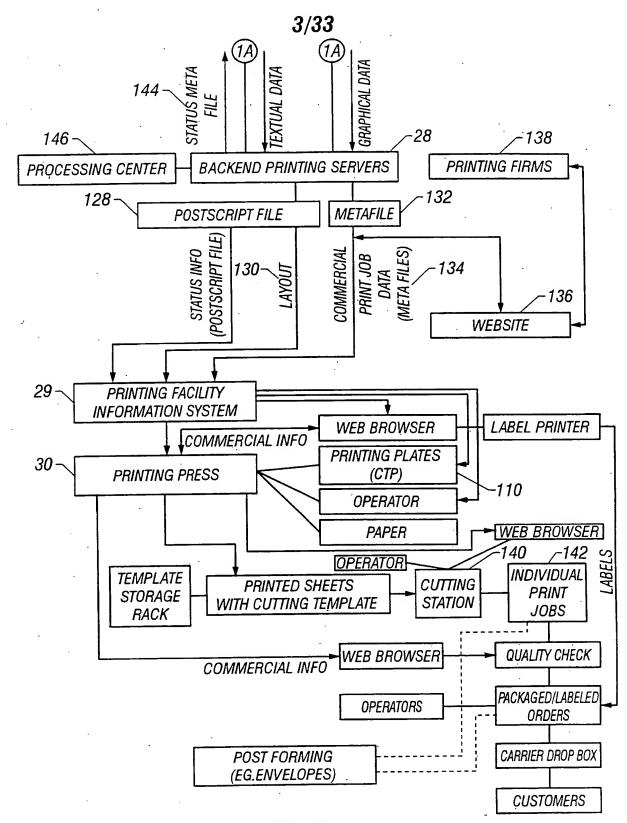


FIG. 1B

In re application of: Robert Keane, et. al Title: MANAGING PRINT JOBS Contact: Robert Dulaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 4 of 33



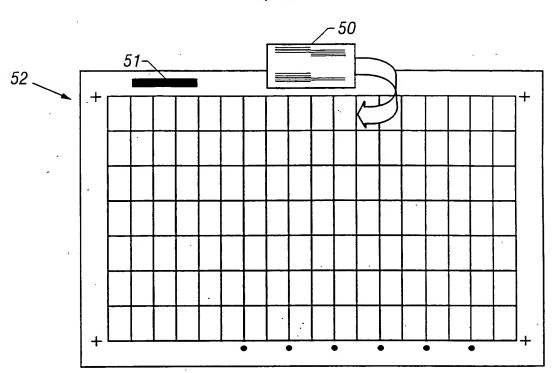


FIG. 2A

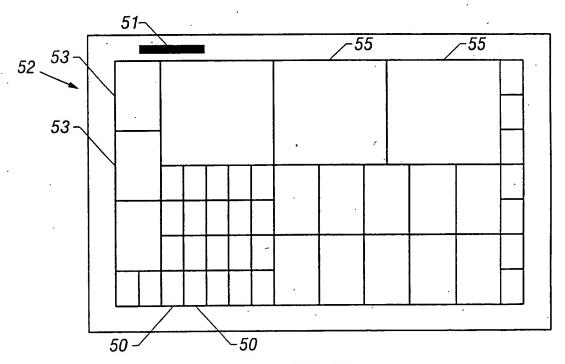
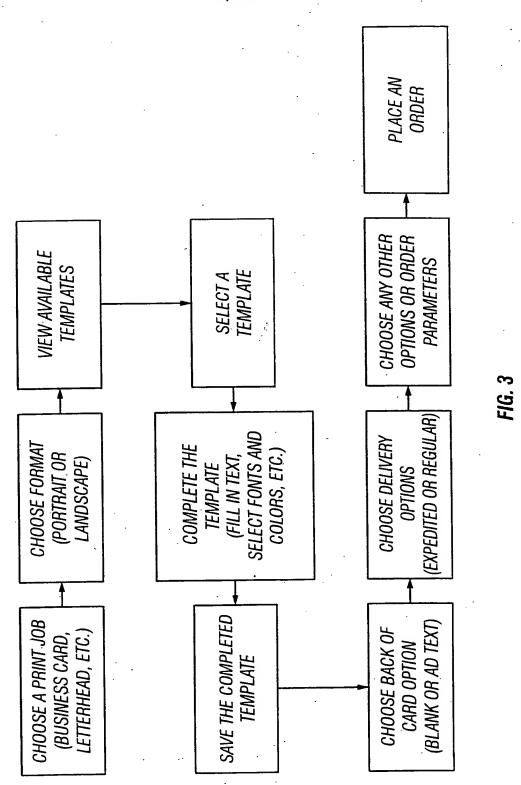
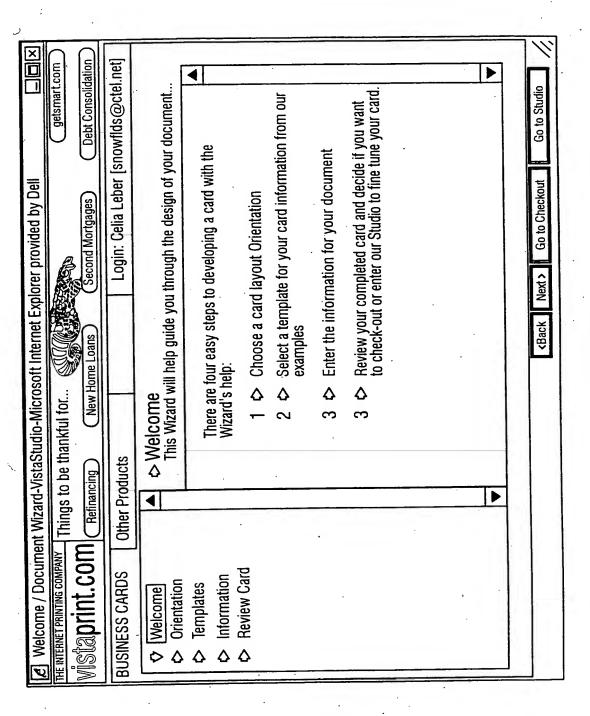


FIG. 2B

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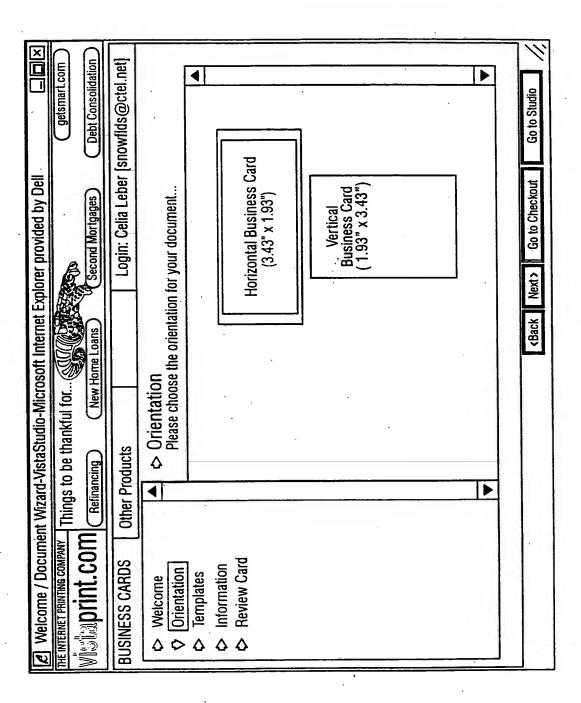


FIG. 4A

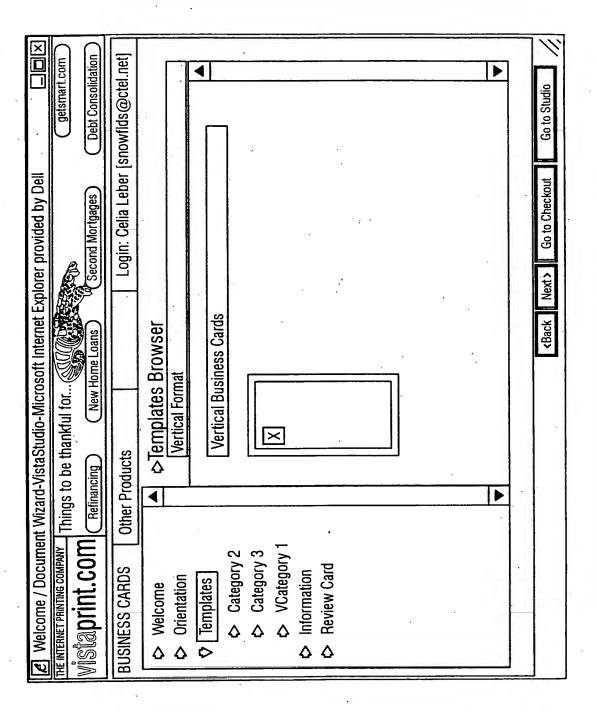


FIG. 4B

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Title: MANAGING PRINT JOBS
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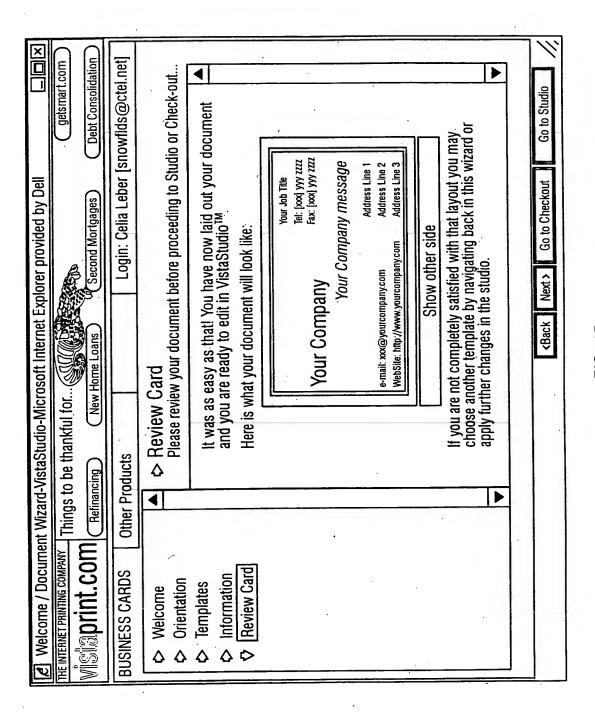


FIG. 4D

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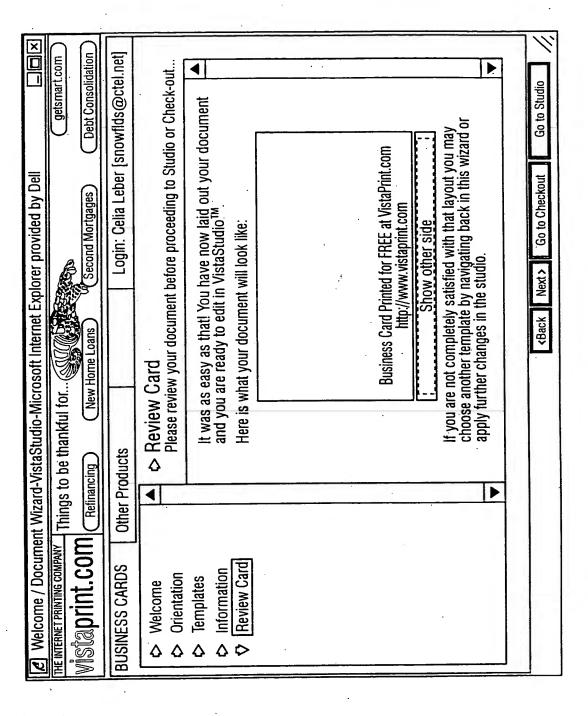
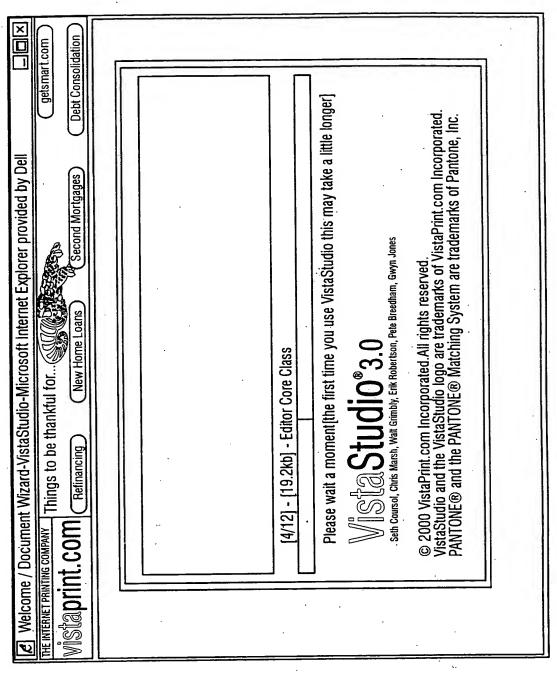


FIG. 4E

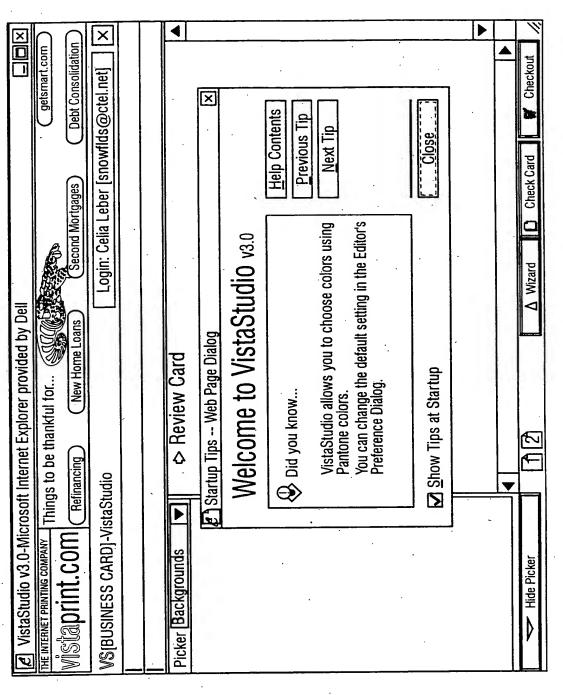
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Title: MANAGING PRINT JOBS

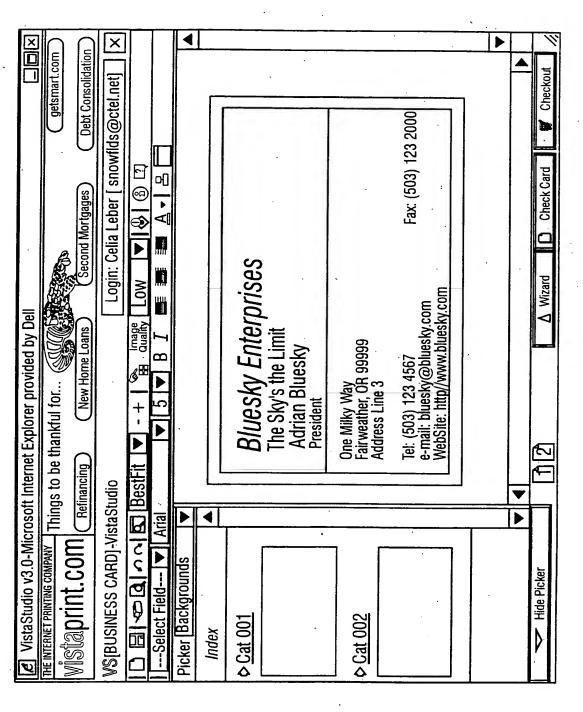
Contact: Robert Dulaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 13 of 33

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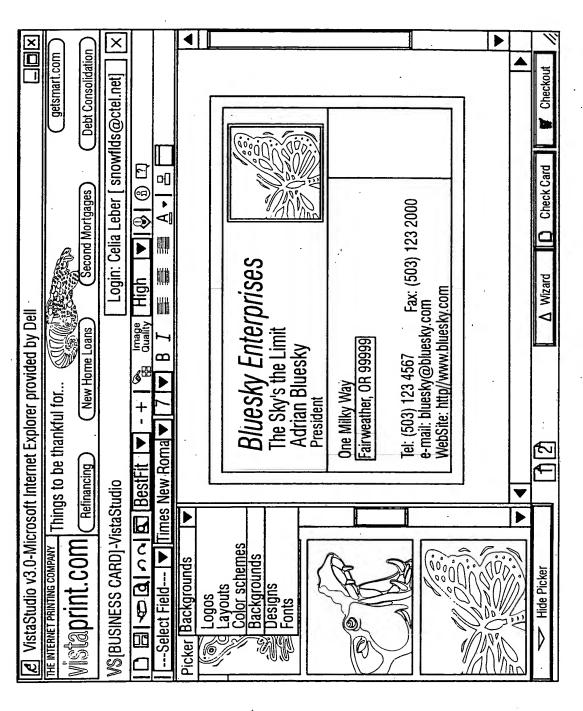
In re application of: Robert Keane, et. al Title: MANAGING PRINT JOBS Contact: Robert Dulaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 14 of 33

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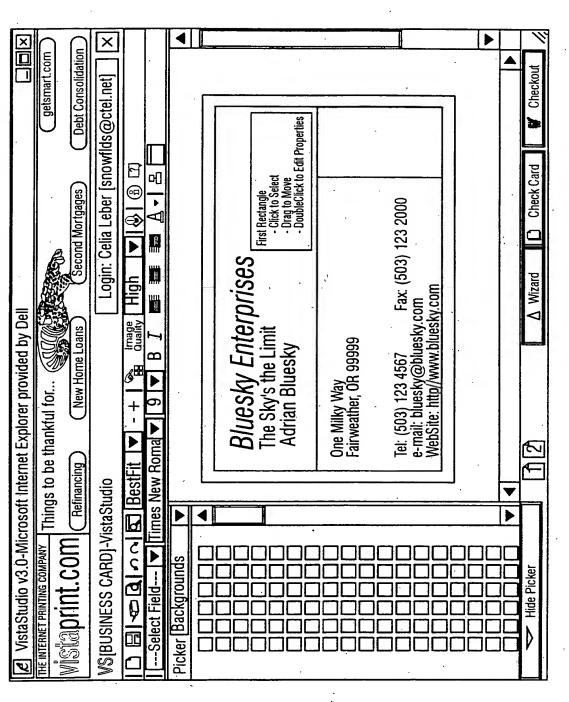


FIG. 4J

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Title: MANAGING PRINT JOBS

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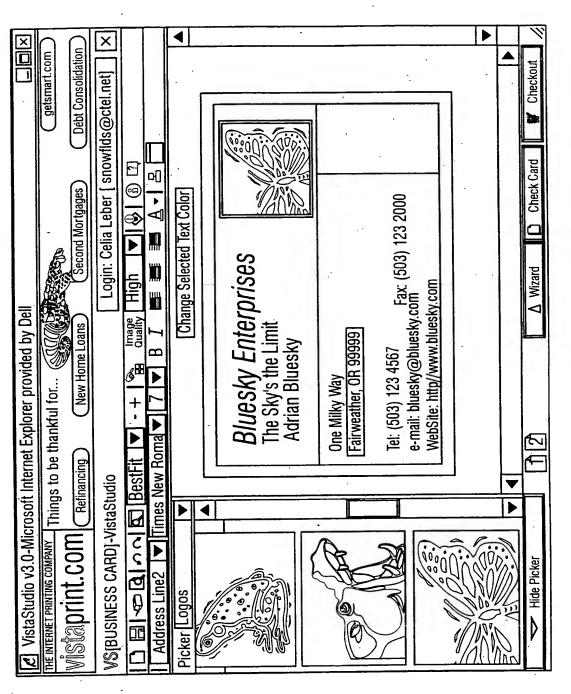


FIG. 4K

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Title: MANAGING PRINT JOBS

Contact: Robert Dulaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 18 of 33

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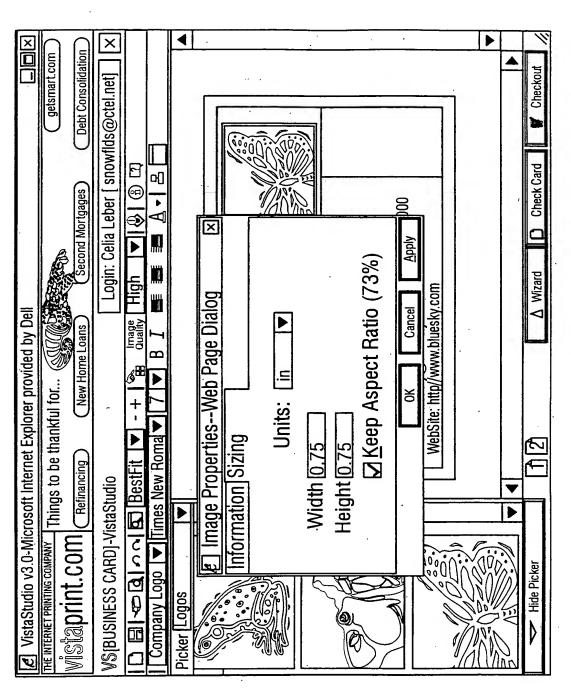
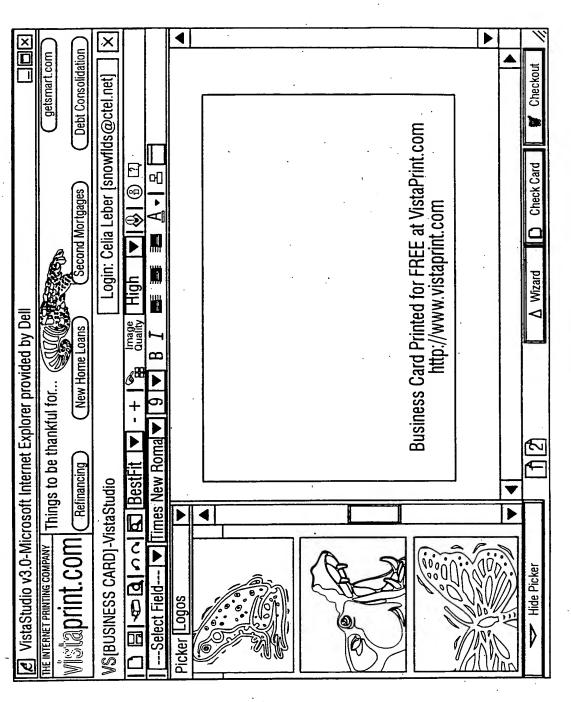


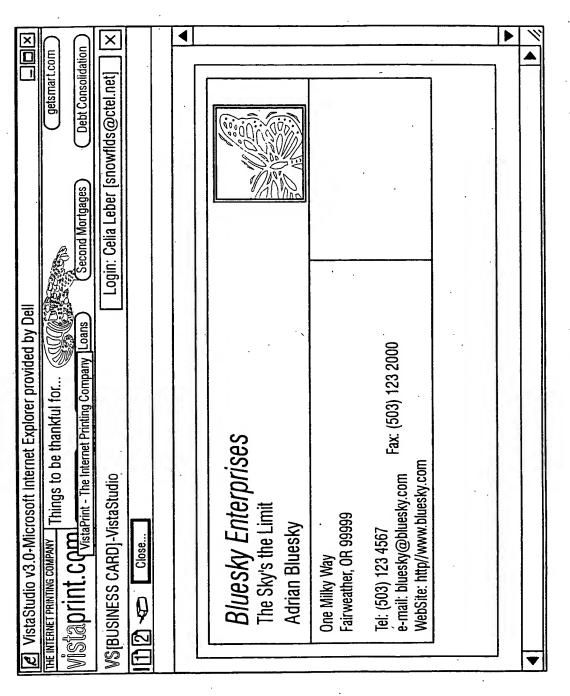
FIG. 4L

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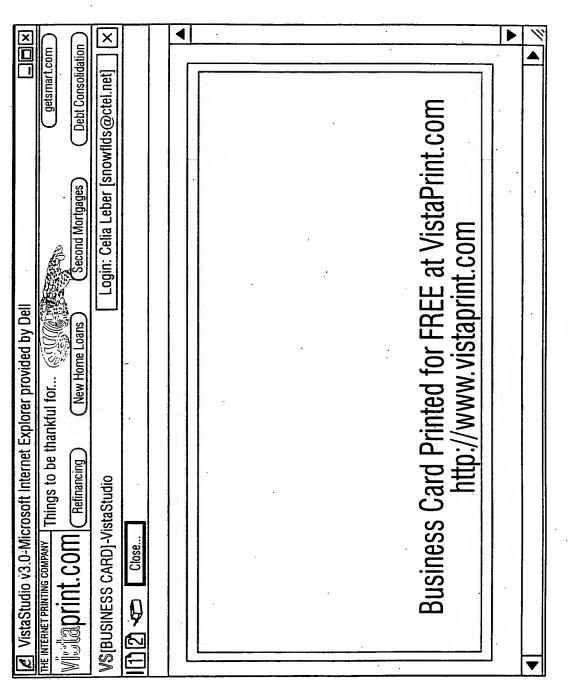


Serial No. To be assigned Docket No. In re application of: Robert Kcane, et. al Title: MANAGING PRINT JOBS Contact: Robert Dulaney, Reg. No. 28,071 Telephone: (781) 890-8434 ext. 160 Sheet: 20 of 33



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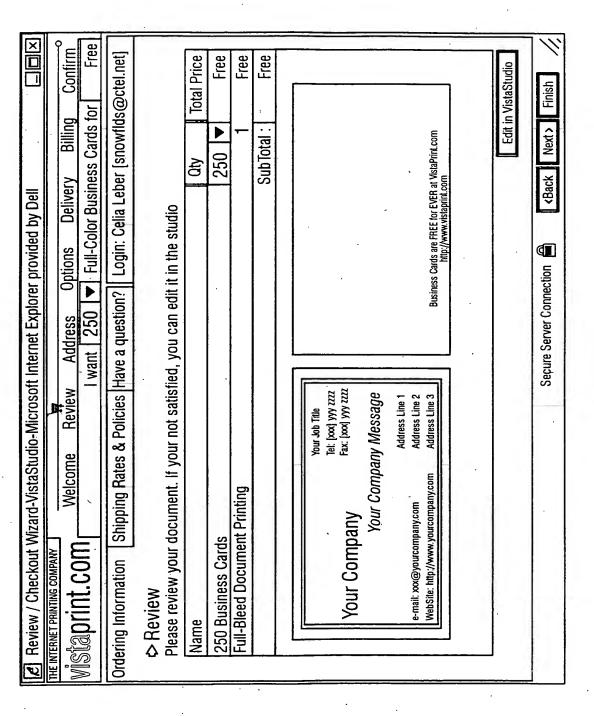


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Addess Type your shipping address.
Options Change order options.
Delivery Choose delivery options. Printing Priority and Shipping Method.
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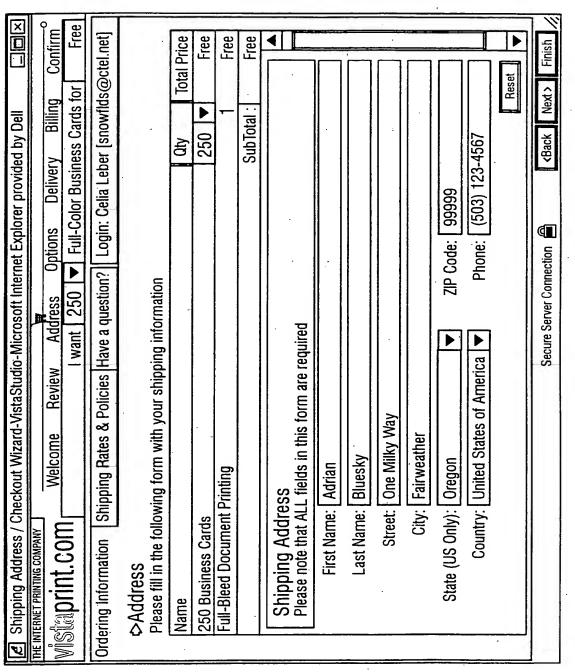


FIG. 4R

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Shipping Your printing priority determines how fast your documents will be printed  Printing Time + Shipping Time + Shipping Time										
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Standard Varies This is our usual printing time. Your order is queued along with all										
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Priority O Varies With this option, we list your order in a priority queue so we can 2 to 4 business days O More ensure printing of your document within one week.										
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Please note that ALL fields in this form are required.									
Name on Credit Card: Adrian Bluesky									
Credit Card number: Type: VISA ▼									
Expiration Date: Mar 2000 You will not be charged until final approval on next page									
Billing Address Please note that ALL fields in this form are required.									
First Name: Adrian									
Last Name: Bluesky									
Street: One Milky Way		7							
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FIG. 4V

Title: MANAGING PRINT JOBS
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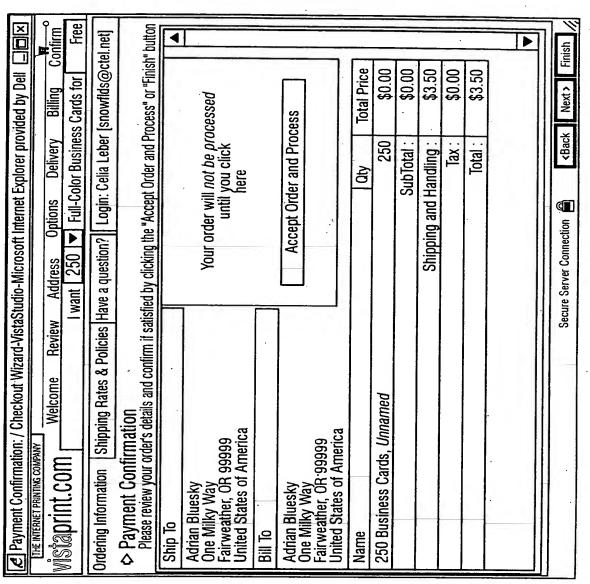


FIG. 4W

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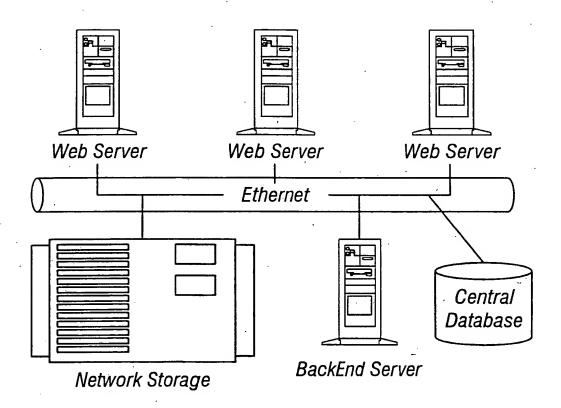
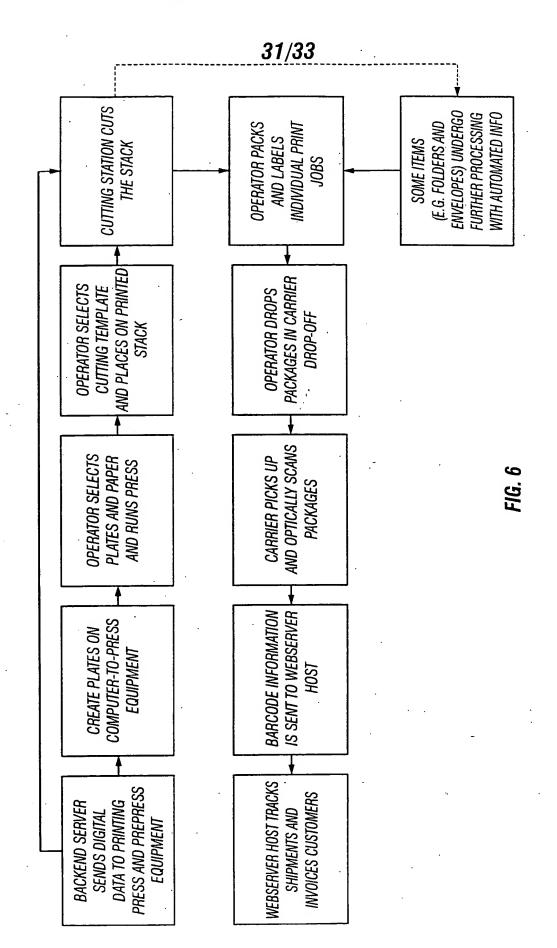
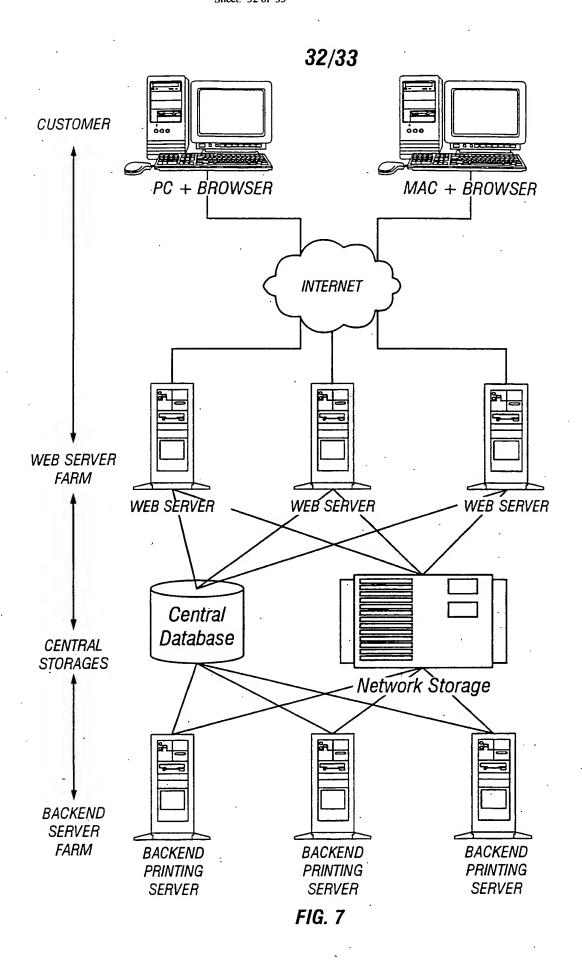


FIG. 5

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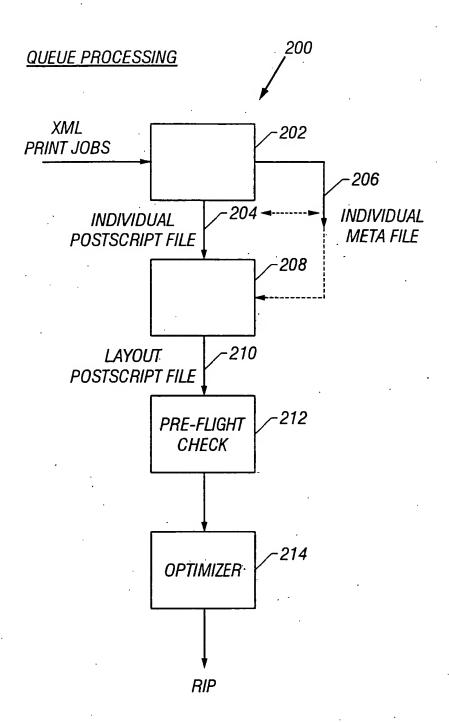


FIG. 8